

APPLICATION NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO
09/189, 761	11/10/1998	174	2841	P71-US

## APPLICANT

BENJAMIN N ELDRIDGE, DANVILLE, CALIFORNIA; GARY W GRUBE, PLEASANTON, CALIFORNIA; IGOR Y KHANDROS, ORINDA, CALIFORNIA; ALEC MADSEN, SAN FRANCISCO, CALIFORNIA; GAETAN L MATHIEU, LIVERMORE, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED

\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED

FOREIGN FILING LICENSE GRANTED 11/24/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	<input type="radio"/> yes <input checked="" type="radio"/> no <input type="radio"/> yes <input checked="" type="radio"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and acknowledged	_____ Examiner's Name      Initials	CA	7	45	5

## ADDRESS

FORMFACTOR, INC.  
LEGAL DEPARTMENT  
5666 LA RIBERA STREET  
LIVERMORE , CA 94550

## TITLE

CONTACT STRUCTURES WITH BLADES HAVING A WIPING MOTION

FILING FEE RECEIVED \$*1366	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<input type="radio"/> All Fees <input type="radio"/> 1.16 Fees (Filing) <input type="radio"/> 1.17 Fees (Processing Ext. of T) <input type="radio"/> 1.18 Fees (Issue) <input type="radio"/> Other _____ <input type="radio"/> Credit
--------------------------------	---	--

Printed 06/15/2000

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCK NO
09/189,761	11/10/1998	174	2841	003401.P071

## APPLICANT

BENJAMIN N ELDIDGE, DANVILLE, CALIFORNIA; GARY W GRUBE, PLEASANTON, CALIFORNIA; IGOR Y KHANROS, ORINDA, CALIFORNIA; ALEC MADSEN, SAN FRANCISCO, CALIFORNIA; GAETAN L MATHIEU, LIVERMORE, CALIFORNIA.

\*\*CONTINUING DOMESTIC DATA\*\*\*\*\*

VERIFIED KeKe

\*\*371 (NAT'L STAGE) DATA\*\*\*\*\*

VERIFIED   Ke

\*\*FOREIGN APPLICATIONS\*\*\*\*\*

VERIFIED   Ke

FOREIGN FILING LICENSE GRANTED 11/24/1998

Foreign priority claimed 35 USC 119 (a-d) conditions met	O yes <input type="checkbox"/> no O yes <input type="checkbox"/> no O Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPEND CLAIMS
Verified and acknowledged	<u>Ke</u>	CA	7	45	5

## ADDRESS

BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
12400 WILSHIRE BOULEVARD  
7TH FLOOR  
LOS ANGELES , CA 90025